

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/066,057-Conf. #8306
				Filing Date	January 31, 2002
				First Named Inventor	Michael ZEMEL
				Art Unit	1616
				Examiner Name	A.L. Fisher
Sheet	1	of	1	Attorney Docket Number	31894-192403

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
	A1	6,103,709	08-15-2000	Norman et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	C1	Miriam-Webster Dictionary, http://www.merriam-webster.com/dictionary/attenuating , obtained on 1/10/2008, pages 1-2.	
	C2	Peterson et al., Bone Composition and Histology of Young Growing Rats Fed Diets of Varied Calcium Bioavailability: Spinach, Nonfat Dry Milk, or Calcium Carbonate added to Casein. Journal of Nutrition, 1992, 122, 137-144.	
	C3	Office Action of January 14, 2009, issued in US App. No. 10/017,568	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Examiner Signature	/Abigail Fisher/	Date Considered	07/22/2009
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /A.F./